

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

**Pioneer Political Action Committee**

ADDRESS (number and street)

**14812 Lake Terrace**

(Check if address is changed)

**Rockville****MD****20853**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**JackH0113@aol.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**www.pioneerpac.org**

COMMITTEE'S FAX NUMBER

**301-871-6131**2. DATE 

M	M
0	2

 / 

D	D
0	9

 / 

Y	Y	Y	Y
2	0	0	9

3. FEC IDENTIFICATION NUMBER

**C C00325357**4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Mr. Jack Hanson**Signature of Treasurer Electronically Filed by **Mr. Jack Hanson**

Date

M	M
0	2

 / 

D	D
0	9

 / 

Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 12/2007)



## 5. TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>
5.	<input type="text"/>	FEC ID number	<input type="text"/>



Write or Type Committee Name

**Pioneer Political Action Committee****6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Leadership PAC Sponsor

☐

Joint Fundraising Representative

**7. Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

**Treasurer**

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

**Mr. Jack Hanson**

Mailing Address

**14812 Lake Terrace****Rockville****MD****20853**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**

Telephone number

**301****871****6130**



Full Name of  
Designated  
Agent

**Monica Hanson**

Mailing Address

**14812 Lake Terrace**

**Rockville**

**MD**

**20853** –

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Assistant Treasurer**

Telephone number

**301** –

**871** –

**6130**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Wachovia Bank , NA**

Mailing Address

**Regional Service Center**

**Post Office Box 40031**

**Roanake**

**VA**

**24022** –

**0031**

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**



**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

UBS Financial Services Inc.

Mailing Address

11200 Rockville Pike

Rockville

MD

20852

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Leadership PAC Sponsor

☐

Joint Fundraising Representative

[ ADDITIONAL ]

Designated Agent

Full Name

Monica Hanson

Mailing Address

14812 Lake Terrace

Rockville

MD

20852

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

301

871

6130

[ ADDITIONAL ]

Joint Fundraiser Participant

FEC ID number

C